SERFF Tracking Number:	*AENX-125747979*	*State:*	*Arkansas*
Filing Company:	*Aetna Life Insurance Company*	*State Tracking Number:*	*39744*
Company Tracking Number:	*AH AR0025601F01*		
TOI:	*H21 Health - Other*	*Sub-TOI:*	*H21.000 Health - Other*
Product Name:	*2008 Law Department*		
Project Name/Number:	*2008 Law Department/AH AR0025601F01*		

Filing at a Glance

Company: Aetna Life Insurance Company

Product Name: 2008 Law Department	SERFF Tr Num: AENX-125747979	State: ArkansasLH
TOI: H21 Health - Other	SERFF Status: Closed	State Tr Num: 39744
Sub-TOI: H21.000 Health - Other	Co Tr Num: AH AR0025601F01	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Rosalind Minor
	Author: SPI AetnaSPI	Disposition Date: 08/11/2008
	Date Submitted: 07/25/2008	Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: 2008 Law Department	Status of Filing in Domicile:
Project Number: AH AR0025601F01	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Overall Rate Impact:	Group Market Type: Employer
Filing Status Changed: 08/11/2008	
State Status Changed: 08/11/2008	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

The purpose of this filing is to add "benefit reserve" language to the Coordination of Benefits section.

Company and Contact

Filing Contact Information

John Ciesielski, Product and Regulatory Affairs Manager CiesielskiJW@Aetna.com

SERFF Tracking Number:	*AENX-125747979*	*State:*	*Arkansas*
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TOI:	*H21 Health - Other*	*Sub-TOI:*	*H21.000 Health - Other*
Product Name:	*2008 Law Department*		
Project Name/Number:	*2008 Law Department/AH AR0025601F01*		

151 Farmington Avenue
Hartford, CT 06156

(860) 279-1282 [Phone]
(860) 952-2069[FAX]

Filing Company Information

Aetna Life Insurance Company
151 Farmington Avenue
Hartford, CT 06156
(860) 273-7546 ext. [Phone]

CoCode: 60054
Group Code: 1
Group Name: Aetna
FEIN Number: 06-6033492

State of Domicile: Connecticut
Company Type:
State ID Number:

SERFF Tracking Number:	*AENX-125747979*	*State:*	*Arkansas*
Filing Company:	*Aetna Life Insurance Company*	*State Tracking Number:*	*39744*
Company Tracking Number:	*AH AR0025601F01*		
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Product Name:	*2008 Law Department*		
Project Name/Number:	*2008 Law Department/AH AR0025601F01*		

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Aetna Life Insurance Company	$50.00	07/25/2008	21600660

SERFF Tracking Number:	*AENX-125747979*	*State:*	*Arkansas*
Filing Company:	*Aetna Life Insurance Company*	*State Tracking Number:*	*39744*
Company Tracking Number:	*AH AR0025601F01*		
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Product Name:	*2008 Law Department*		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/11/2008	08/11/2008

SERFF Tracking Number:	*AENX-125747979*	*State:*	*Arkansas*
Filing Company:	*Aetna Life Insurance Company*	*State Tracking Number:*	*39744*
Company Tracking Number:	*AH AR0025601F01*		
TOI:	*H21 Health - Other*	*Sub-TOI:*	*H21.000 Health - Other*
Product Name:	*2008 Law Department*		
Project Name/Number:	*2008 Law Department/AH AR0025601F01*		

Disposition

Disposition Date: 08/11/2008
Implementation Date:
Status: Approved-Closed
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*AENX-125747979*	*State:*	*Arkansas*
Filing Company:	*Aetna Life Insurance Company*	*State Tracking Number:*	*39744*
Company Tracking Number:	*AH AR0025601F01*		
TOI:	*H21 Health - Other*	*Sub-TOI:*	*H21.000 Health - Other*
Product Name:	*2008 Law Department*		
Project Name/Number:	*2008 Law Department/AH AR0025601F01*		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Certification/Notice	Approved-Closed	Yes
Form	Effect On Benefits Of This Plan	Approved-Closed	Yes

SERFF Tracking Number:	*AENX-125747979*	*State:*	*Arkansas*
Filing Company:	*Aetna Life Insurance Company*	*State Tracking Number:*	*39744*
Company Tracking Number:	*AH AR0025601F01*		
TOI:	*H21 Health - Other*	*Sub-TOI:*	*H21.000 Health - Other*
Product Name:	*2008 Law Department*		
Project Name/Number:	*2008 Law Department/AH AR0025601F01*		

Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	GR-9N 33-015 03	Certificate Amendment, Insert Page, Endorsement or Rider	Effect On Benefits Of This Plan	Initial		0	GR-9N 33-015 03.PDF

[Effect on Benefits of This Plan

[In determining the amount to be paid when this plan is secondary on a claim, the **secondary plan** will calculate the benefits that it would have paid on the claim in the absence of other health insurance coverage and apply that amount to any **allowable expense** under this plan that was unpaid by the **primary plan**. The amount will be reduced so that when combined with the amount paid by the **primary plan**, the total benefits paid or provided by all plans for the claim do not exceed 100% of the total **allowable expense**.]

[When this plan is secondary, it may reduce its benefits so that total benefits paid or provided by all plans during a claim determination period are not more than 100% of total **allowable expenses**. The difference between the benefit payments that this plan would have paid had it been the **primary plan**, and the benefit payments that it actually paid or provided shall be recorded as a benefit reserve for the covered person and used by this plan to pay any **allowable expenses**, not otherwise paid during the claim determination period.]

In addition, a **secondary plan** will credit to its plan deductible any amounts that would have been credited in the absence of other coverage.

Under the COB provision of **This Plan**, the amount normally reimbursed for covered benefits or expenses under **This Plan** is reduced to take into account payments made by other plans. The general rule is that the benefits otherwise payable under **This Plan** for all covered benefits or expenses will be reduced by all other plan benefits payable for those expenses. When the COB rules of **This Plan** and another plan both agree that **This Plan** determines its benefits before such other plan, the benefits of the other plan will be ignored in applying the general rule above to the claim involved. Such reduced amount will be charged against any applicable benefit limit of this coverage.]

If a covered person is enrolled in two or more **closed panel plans** COB generally does not occur with respect to the use of panel providers. However, COB may occur if a person receives emergency services that would have been covered by both plans.]

[Multiple Coverage Under This Plan

If a person is covered under **This Plan,** both as an employee and a dependent, or as a dependent of 2 employees, the following will also apply:

- The person's coverage in each capacity under this **Plan** will be set up as a separate "**Plan**".
- The order in which various **plans** will pay benefits will apply to the "**Plans**" set up above and to all other **plans**.
- This provision will not apply more than once to figure the total benefits payable to the person for each claim under this **Plan.**]

Right to Receive and Release Needed Information

Certain facts about health care coverage and services are needed to apply these COB rules and to determine benefits under this **Plan** and other **plans**. **Aetna** has the right to release or obtain any information and make or recover any payments it considers necessary in order to administer this provision.

Facility of Payment

Any payment made under another **Plan** may include an amount which should have been paid under **This Plan**. If so, **Aetna** may pay that amount to the organization, which made that payment. That amount will then be treated as though it were a benefit paid under **This Plan**. **Aetna** will not have to pay that amount again. The term "payment made" means reasonable cash value of the benefits provided in the form of services.

Right of Recovery

If the amount of the payments made by **Aetna** is more than it should have paid under this COB provision, it may recover the excess from one or more of the persons it has paid or for whom it has paid; or any other person or organization that may be responsible for the benefits or services provided for the covered person. The "amount of the payments made" includes the reasonable cash value of any benefits provided in the form of services.

SERFF Tracking Number:	*AENX-125747979*	*State:*	*Arkansas*
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TOI:	*H21 Health - Other*	*Sub-TOI:*	*H21.000 Health - Other*
Product Name:	*2008 Law Department*		
Project Name/Number:	*2008 Law Department/AH AR0025601F01*		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	*AENX-125747979*	*State:*	*Arkansas*
Filing Company:	*Aetna Life Insurance Company*	*State Tracking Number:*	*39744*
Company Tracking Number:	*AH AR0025601F01*		
TOI:	*H21 Health - Other*	*Sub-TOI:*	*H21.000 Health - Other*
Product Name:	*2008 Law Department*		
Project Name/Number:	*2008 Law Department/AH AR0025601F01*		

Supporting Document Schedules

Bypassed -Name: Application
Bypass Reason: not applicable
Comments:
Review Status: Approved-Closed 08/11/2008

Bypassed -Name: Health - Actuarial Justification
Bypass Reason: not applicable
Comments:
Review Status: Approved-Closed 08/11/2008

Bypassed -Name: Outline of Coverage
Bypass Reason: not applicable
Comments:
Review Status: Approved-Closed 08/11/2008

Satisfied -Name: Certification/Notice
Comments:
Review Status: Approved-Closed 08/11/2008
Attachments:
AR - READABILITY CERTIFICATION.PDF
AR - NAIC TRANSMITTAL DOC.PDF
AR - NAIC FORM FILING ATTACHMENT.PDF

STATE OF ARKANSAS

READABILITY CERTIFICATION

COMPANY NAME: **Aetna Life Insurance Company**

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
GR-9N 33-015 03	0

Signed: _____
Name:
Title:

Date: _____

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	**Prepared for the State of**	Arkansas

2.	**Department Use Only**
	State Tracking ID

3.	**Insurer Name & Address**	**Domicile**	**Insurer License Type**	**NAIC Group #**	**NAIC #**	**FEIN #**	**State #**
Aetna Life Insurance Company 151 Farmington Avenue Hartford CT 06156		CT		001	60054	06-6033492	

4.	**Contact Name & Address**	**Telephone #**	**Fax #**	**E-mail Address**
John Ciesielski 151 Farmington Avenue, Mail Stop RW61 Hartford CT 06156		860-279-1282	860-952-2069	CiesielskiJW@Aetna.com

5.	**Requested Filing Mode**	☒ Review & Approval ☐ File & Use ☐ Informational ☐ Combination (please explain): _____ ☐ Other (please explain): _____

6.	**Company Tracking Number**	AH AR0025601F01	
7.	☐ **New Submission** ☐ **Resubmission**	Previous file # _____	
8.	**Market**	☐ Individual ☐ Franchise	
		Group	☐ Small ☐ Large ☒ Small and Large ☒ Employer ☐ Association ☐ Blanket ☐ Discretionary ☐ Trust ☐ Other: _____
9.	**Type of Insurance**	H21 Health - Other	
10.	**Product Coding Matrix Filing Code**	H21.000 Health - Other	
11.	**Submitted Documents**	☐ **FORMS** ☐ Policy ☐ Outline of Coverage ☐ Certificate ☐ Application/Enrollment ☐ Rider/Endorsement ☐ Advertising ☐ Schedule of Benefits ☐ Other: _____ ☐ **RATES** ☐ New Rate ☐ Revised Rate ☐ **FILING OTHER THAN FORM OR RATE:** Please explain: _____ **SUPPORTING DOCUMENTATION** ☐ Articles of Incorporation ☐ Third Party Authorization ☐ Association Bylaws ☐ Trust Agreement ☐ Statement of Variability ☐ Certifications ☐ Actuarial Memorandum ☐ Other: _____	

12.	**Filing Submission Date**	
13.	**Filing Fee (If required)**	Amount _____ Check Date _____ Retaliatory ☐ Yes ☐ No Check Number _____
14.	**Date of Domiciliary Approval**	
15.	**Filing Description:**	
	The purpose of this filing is to add "benefit reserve" language to the Coordination of Benefits section.	

16.	**Certification (If required)**

I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of Arkansas.

Print Name John Ciesielski Title Product and Regulatory Affairs Manager

Signature _____ Date _____

17.	Form Filing Attachment
This filing transmittal is part of company tracking number	AH AR0025601F01
This filing corresponds to rate filing company tracking number	

	Document Name Description	Form Number		Replaced Form Number Previous State Filing Number
01	Effect On Benefits Of This Plan	GR-9N 33-015 03	☒ Initial ☐ Revised ☐ Other _____	
02			☐ Initial ☐ Revised ☐ Other _____	
03			☐ Initial ☐ Revised ☐ Other _____	
04			☐ Initial ☐ Revised ☐ Other _____	
05			☐ Initial ☐ Revised ☐ Other _____	
06			☐ Initial ☐ Revised ☐ Other _____	
07			☐ Initial ☐ Revised ☐ Other _____	
08			☐ Initial ☐ Revised ☐ Other _____	
09			☐ Initial ☐ Revised ☐ Other _____	
10			☐ Initial ☐ Revised ☐ Other _____	
11			☐ Initial ☐ Revised ☐ Other _____	